

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TV	826	03/05/01
RESPONSE FORMALITY REVIEW			

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### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	02/03/01
2	02/03/01
3	02/03/01
4	02/03/01
5	02/03/01
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7	02/03/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet h r

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